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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/242,977	
	Filing Date	02/26/1999	
	First Named Inventor	James M. Wilson et al	
	Group Art Unit	1632	
	Examiner Name	R. Shukla	
Total Number of Pages in This Submission	4	Attorney Docket Number	GNV19BUSA

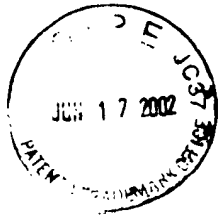
ENCLOSURES (check all that apply)		
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Cathy A. Kodroff, Esquire Howson and Howson
Signature	<i>Cathy A. Kodroff</i>
Date	6/10/02

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of	) Group Art Unit: 1632
	)
James M. Wilson et al	) Examiner: R. Shukla
	)
Appln. No. 09/242,977	)
	)
Filed: February 26, 1999	)
	)
For: METHOD FOR RECOMBINANT	) June 10, 2002
ADENO-ASSOCIATED VIRUS-	)
DIRECTED GENE THERAPY	)

Assistant Commissioner for Patents  
Washington, DC 20231

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LETTER

Sir:

Applicants and the undersigned attorney herewith submit a Supplemental Declaration for the purpose of updating the current residence address for one of the co-inventors of the above-identified patent application.

The Director of the U. S. Patent and Trademark Office is hereby authorized to charge any deficiency in any fees due with the filing of this paper or credit any overpayment in any fees paid on the filing, or during prosecution of this application to Deposit Account No. 08-3040.

Respectfully submitted,  
HOWSON AND HOWSON  
Attorneys for the Applicants

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CERTIFICATE UNDER 37 CFR §1.8(a)

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Signature Lynn Brown

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